

1) Please specify your provider type:	
DME (90)	EPSDT (40 or 45)
116	44

SHPS Results

Considering the past 6 months, and in comparison to other health plans, how does SHPS (Medicaid) rate in the following areas? If no interaction has occurred in the past 6 months, please choose “No Experience.”

	Excellent	Good	Fair	Poor	No Experience
Ease of authorization process?	16%	37%	28%	17%	2%
Problem resolution?	16%	39%	32%	12%	1%
Level of courtesy and professionalism of SHPS staff during your calls?	45%	38%	11%	3%	3%
Consistent application of InterQual guidelines?	11%	32%	19%	8%	31%
Ability to contact SHPS physician reviewers?	11%	24%	18%	9%	39%
Consistency and accurateness of responses to your questions from SHPS representatives?	21%	38%	21%	14%	6%
Timeliness of denial/LOI notification?	14%	37%	23%	18%	9%
Clarity of denial/LOI notification?	14%	31%	26%	19%	9%
Timeliness of the appeals process?	12%	23%	21%	18%	26%
Processing speed, from initial contact to time PA approved by SHPS?	16%	41%	23%	15%	6%
Overall, how would you rate the service you received from SHPS?	21%	38%	29%	10%	2%

EDS Results

Considering the past 6 months, and in comparison to other health plans, how does EDS rate in the following areas? If no interaction has occurred in the past 6 months, please choose “No Experience.”

	Excellent	Good	Fair	Poor	No Experience
Timeliness of PA number assignment of KY Health Net?	18%	44%	20%	11%	8%
PA approval letters in terms of clarity?	28%	44%	14%	8%	6%
EDS’ accuracy of PA related claims processing?	19%	39%	22%	9%	11%
EDS’ timeliness of PA letters on KY Health Net?	19%	41%	21%	9%	9%
Level of courtesy and professionalism of EDS’ staff during your calls?	38%	41%	11%	4%	6%
Consistency and accurateness of responses to your questions from different provider inquiry representatives?	21%	39%	19%	12%	9%
Overall, how would you rate the service you received from EDS?	24%	44%	21%	7%	5%

My understanding of how to complete requests for each type of authorization requested (i.e. initial authorization, reauthorization, additional visits/units, date extensions, ect.)

Excellent	Good	Fair	Poor	No Experience
28%	52%	12%	2%	4%

Approximately how many PA requests have you submitted in the past 30 days?

None	1-24	25-49	50-74	75-99	100 or more
4%	62%	16%	11%	2%	4%

What method do you utilize when requesting a PA?

Phone	Fax	Both Phone and Fax
8%	71%	21%

An option to cease receiving paper PA letters is available on KY Health Net. Are you planning to use this option (or have already chosen this option) and receive ONLY electronic letters?

Yes	No
42%	58%

I typically visit the KY Health Net Website:

Daily	Weekly	Monthly	Never
80%	16%	4%	0%

Survey respondent's title/role is:

Dentist	DME Dealer	Medical Practitioner	Office Manager	Billing Manager	Other
2%	22%	2%	21%	22%	32%

If MD or MD's office, please complete the following:

	1-5	6-10	11-15	16-20	20+
How many years have you been in medical practice?	10%	10%	20%	10%	50%
How many years have you been providing care to Medicaid members?	55	21%	16%	26%	32%

For all other providers, how many years have you been a KY Medicaid provider?

1-5	6-10	11-15	16-20	20+
14%	32%	17%	12%	26%

Do you know who your EDS Provider Representative is?	
Yes	No
49%	51%